



Open Wide Training Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

County: _____

E-Mail Address: _____

Name of Childcare Business or Schools: _____

Phone: _____

Number of Children in your Childcare Program: _____

OR

Number of Children in your 3rd grade class for each school: _____

Please fill out this form COMPLETELY, print a copy for your records, then
click the SUBMIT button.

Katie Ryan, Administrative Assistant
Family and Community Health Bureau
406-444-4572

Upon receipt of your registration form, your information will be used to register you on the
Montana Public Health Training and Communication Center's website. Instructions will be sent
to you via EMAIL about how to complete the training once the registration process is finalized.